

# 2023 DOH MMC PLAN GUIDANCE

## FOR SUBMITTING ISSUES TO THE MCSYS MAILBOX

### Rules for Managed Care Systems (MCSYS) Mailbox - [mcsys@health.ny.gov](mailto:mcsys@health.ny.gov)

- Used for NY State of Health (NYSoH) enrollment issues
  - MCSYS staff are assigned issues to work and individually track the emails that come through the MCSYS Mailbox.
- Do not send a question to the MCSYS Mailbox and include other mailboxes.
  - Questions should be sent to only one mailbox. MCSYS will send back if this needs correction.
- MCSYS tracking of issues- Issue ID is placed in the subject line with a generic response back to the sender to acknowledge receipt of issue. MCSYS will reach out if more information is needed.
  - For questions on prior submissions to the MCSYS Mailbox, reply off prior email (tracking number in subject line) or draft a new email and include tracking number in the subject line.
  - If you did not receive a tracking number, then reply off the original email so we can search for the email.
- Templates provided by MCSYS
  - Do not change templates in any fashion.
  - Do not lock the template (prevents the ability to edit the document) as we cannot add notes/comments.
    - **Managed Care Notes** and **Action Taken** columns should be left blank. These are for MCSYS staff use only.
  - Password (PW) protect document with MCSYS given PW (nysoh2023) ONLY. Password updates annually on January 1<sup>st</sup> by changing the year end (nysoh20xx) to the new year.
  - MCSYS will send back if this needs correction.
- All issues should be separated by **NYSoH vs WMS** cases and should not be in the same document. If not separated, MCSYS will send back for correction.

## The following Issues should NOT be sent to the MCSYS Mailbox.

If received, MCSYS will return without review.

**Do not change templates provided in any fashion.**

### ➤ Reporting Program Overlap Issues, EP/MMC or CHP/MMC

- EP/MMC issues, use attached spreadsheet named ***PlanName\_EP\_MMC Overlap Issues\_mmdyyyx.xlsx***, and submit the issues directly to your plan's NYSoH Plan Manager.



PlanName\_EP\_MMC\_  
Overlap Issues\_mmdc

- CHP/MMC issues, use attached spreadsheet named ***PlanName\_CHPLUS Issues\_mmdyyyx.xlsx***, PW protect with **CHPLUS99** and submit the issues directly to the Child Health Plus mailbox, [chplus@health.ny.gov](mailto:chplus@health.ny.gov).



PlanName\_CHPLUS  
Issues\_mmdyyy (Re

### ➤ All TPL notifications and issues should be submitted directly to the TPL Unit mailbox, [tpl@health.ny.gov](mailto:tpl@health.ny.gov).



TPHI-MMC Plan  
Instructions (Rev1219

### ➤ All duplicate CIN issues, including Quarterly Multiple CIN reports, should be sent directly to the Duplicate CIN Unit, [dupcin@health.ny.gov](mailto:dupcin@health.ny.gov).

- MMCPs can submit duplicate CIN issues as they are identified, or at least quarterly on the Quarterly Multiple CIN Report. The Duplicate CIN unit continues to encourage the MMCPs to submit Dup CINs as they are identified.
- If this is not feasible, please use the dates below. Quarterly Multiple CIN Report due dates are:

❖ 1st Quarter 2023 (Jan, Feb, March)	04/15/2023
❖ 2nd Quarter 2023 (April, May, June)	07/15/2023
❖ 3rd Quarter 2023 (July, Aug, Sept)	10/15/2023
❖ 4th Quarter 2023 (Oct, Nov, Dec)	01/15/2024

- For each quarter, MMCP's should notify the Duplicate CIN Unit if they do NOT have any duplicate CINS to report for that quarter.
- For Quarterly Multiple CIN Reports and/or all other duplicate CIN issues, use the attached spreadsheet named ***PlanName\_Duplicate CIN\_mmdyyyx.xlsx***.



PlanName\_Duplicate  
CIN\_mmdyyyx(Rev0

## WMS Issues

- Send issues to the Managed Care Coordinator with the Local District/HRA.



MCCORD\_011223.xls

- These issues should consist of WMS cases only.
- These issues should be on MMC Templates as provided.



PlanName\_MC  
Issues\_updated con



PlanName\_Newborn  
Issues\_mmddyyyy(Re



PlanName\_Newborn  
Notifications\_mmddyy

### ➤ **UPDATED NYS CONTACT INFORMATION**

The Plan Name\_MC\_Issues Template now contains columns to include updated in-state contact information, including member's address and telephone number.

Issue Type drop-down menu now includes: Routine Notification/Updated NYS Contact Information.

See Instructions Tab lines 12, 13, 14. See Issue Types Tab line 7.

- PW protect document with MCSYS given PW (nysoh2023) ONLY. Password updates annually on January 1<sup>st</sup> by changing the year end (nysoh20xx) to the new year.
- For issues sent, if determined and classified as URGENT based on description below, please send based on this classification.
  - Please send a separate MC Issues spreadsheet for urgent issues, including the word "URGENT" in both the subject line of the email and in the title of the MC Issues spreadsheet. (Ex. Same CIN, Different Member Info)
  - Urgent issues are those related to a member's immediate need of medical or pharmacy services.
  - Issues involving prior authorization for a procedure scheduled within a week can be submitted as an "URGENT" issue.

## **NYSOH Issues**

- Send NYSOH issues to the MCSYS Mailbox at [mcsys@health.ny.gov](mailto:mcsys@health.ny.gov).
- These issues should consist of NYSOH accounts only.
- These issues should be on MMC Templates as provided.
  - Please fill in all required fields.
  - Instructions may be found on the “Instructions” Tab of the template.
  - Categorize the issue in the “Issue Type” column on the template.
  - Provide a brief description of the issue in the “Issue Description” column.
    - ❖ For New Pregnancy Notifications, include the EDD (estimated date of delivery).
    - ❖ For Out of State Notifications with a New Address, include the new out of state address.  
Do not send if there is no new address. No action will be taken until 7/1/2023.
    - ❖ For Demographic Updates, include only updates needed to a member’s Name, Gender, DOB, and SSN.
    - ❖ For any other address issues (returned mail, 90 day no contact, moved out of service area within NYS), include the new NYS address.
      - If there is a new NYS address, make an outbound call to the member to confirm if the address change is for the entire household.
      - If mail is returned without a forwarding address, make an outbound call, attempt to obtain a new address, and confirm if it is for the entire household.
      - Do NOT send if there is no new NYS new address.
- PW protect document with MCSYS given PW (nysoh2023) ONLY. Password updates annually on January 1<sup>st</sup> by changing the year end (nysoh20xx) to the new year.
- For issues sent and if classified and flagged as URGENT per description below, they need to be sent on a separate template.
  - Please send a separate MC Issues spreadsheet for urgent issues, including the word “URGENT” in both the subject line of the email and in the title of the MC Issues spreadsheet. (Ex. Same CIN, Different Member Info)
  - Urgent issues are those related to a member’s immediate need of medical or pharmacy services.
  - Issues involving prior authorization for a procedure scheduled within a week can be submitted as an “URGENT” issue.

## **Reporting Routine and Non-Urgent NYSoH Issues**

- Use the following template: ***PlanName\_MC Issues\_mmdyyyx.xlsx***

The following NYSoH Issues (Issue Type) can be logged on the **SAME** template. If not, we will send back for correction.

1. 834 Transaction issue/Question
2. APD Encounter Denial Research
3. Enrollment into More than one Plan
4. RRE Code Issue/Question
5. Demographic Updates
6. System Overlap/Takeover issue

The following NYSoH Issues (Issue Type) can be logged on the **SAME** template. If not, we will send back for correction.

1. Routine Notification Death
2. Routine Notification/New Pregnancy
3. Routine Notification/Out of State with New Out of State Address
4. Routine Notification/Incarceration



PlanName\_MC  
Issues\_mmdyyy(Re

- The following NYSoH Issue should be sent on a **SEPARATE** template: **Newborn Enrollment Issue**  
Reporting Newborn Enrollment Issues

- NYSoH is enrolling newborns using current newborn data reported to NYSoH via hospital lists. Note: Hospitals have up to 5 days to report births.
- For newborns older than 10 days and that have not yet been correctly enrolled, please use the attached spreadsheet named **PlanName\_Newborn Issues\_mmdyyyx.xlsx**.



PlanName\_Newborn  
Issues\_mmdyyy(Re

### **Newborn Birth Notifications**

- Pursuant to Appendix H, 3(d)(ii) of the Medicaid Managed Care Model Contract, MMCPs are required to submit notification of newborn births within five (5) days after knowledge of the birth.
- Please use the attached spreadsheet named **PlanName\_Newborn Notifications\_mmdyyyx.xlsx**



PlanName\_Newborn  
Notifications\_mmdyy

## **UPDATING MEMBER IN-STATE CONTACT INFORMATION**

- For reporting of New NYS Addresses, Emails and Phone Numbers in NYSoH, use the following template named *Issuer\_Submitted\_New\_Addresses\_mmdyyy.xlsx*. Do not use this for Routine Notification/Out of State with New Address.
- ❖ For Returned Mail Notifications with NYS Forwarding Address (NOT out of state address), confirm address change is for entire household by outbound call to verify. Include the new forwarding address found on the returned mail envelope.
- ❖ For Out of Area Notifications with NYS Forwarding Address (NOT out of state address), confirm address change is for entire household by outbound call to verify. Include the new forwarding address found on the returned mail envelope.
- ❖ 90 Day No Contact/Undeliverable mail with or without a NYS forwarding address (NOT out of state address).
  - If a new, NYS forwarding address is provided on the envelope, confirm address change is for the entire household by outbound call to verify. Include the new forwarding address found on the returned mail envelope.
  - If a new, NYS forwarding address is NOT provided on the envelope, make an outbound call to verify if the member has a new address. If verified, also confirm if the address change is for the entire household. Include the new NYS address that was confirmed with the member. If an out of state address was provided, see the instructions on *Routine Notification/Out of State with New Address*. Do not send if there is no new address.
- ❖ Do not add to the template unless you have made at least one outbound call attempt to verify that the new address is for the entire household.



Issuer\_Submitted\_N  
ew\_Addresses\_mmd